410 IAC 1-2.5-132 Smallpox; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1 Affected: IC 16-41-2; IC 16-41-9

Sec. 132. The control measures for smallpox (infectious agent: Variola virus) are as follows:

- (1) An investigation by the department in conjunction with the local health officer shall be performed immediately to determine the possible sources of infection and the extent of the outbreak and include the following:
  - (A) A history of past and recent smallpox vaccinations.
  - (B) A history of varicella and shingles vaccinations.
  - (C) A history of varicella or herpes zoster.
  - (D) A medical history.
  - (E) A collection of appropriate laboratory specimens.
  - (F) A recent travel history.

A complete list of contacts shall be generated and traced. Contacts are defined as all individuals in the household, all individuals with a history of habitual close contact, and all individuals directly exposed to the patient.

- (2) For hospitalized patients, the following precautions are required:
  - (A) Standard.
  - (B) Airborne.
  - (C) Contact.

The patient shall be placed in a private, negative airflow room for airborne infection isolation.

- (3) Concurrent disinfection is required. Laundry and waste shall be discarded into biohazard bags and sterilized, and bedding and clothing shall be incinerated or laundered in hot water with laundry detergent followed by hot air drying.
- (4) Quarantine is required.
- (5) Postexposure immunization provides some protection against disease and significant protection against fatal outcome. Any person with a significant exposure to a patient with proven smallpox during the infectious stage of illness (from onset of symptoms (fever, head and body aches) until scabs have fallen off) requires immunization as soon after exposure as possible but within four (4) days of first exposure.

The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-132; effective Dec 25, 2015)